The Clinical Relevance of Empathy

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What Gives Meaning To Life?

• Satisfaction in what you do: work, hobby etc
• Relationships, love

The empathic attitude assists any one in the caring professions to find meaning in life

The practice of medicine provides both satisfaction and relationships

Dignity is the end result of transcending suffering and finding a purpose
Empathy in the Practice of Medicine
Why Now?

• There is a widely-held perception that regardless of the advances in medical science patients are dissatisfied with their treatment.
• Patients feel objectified by physicians who are hurried, distant and detached.
• Physicians feel frustrated and see the patient as a possible adversary rather than a partner in healing.
• There is more mutual mistrust than mutual trust.
Application of Three Ethical Theories to Medicine

Principlism Ethics
Virtue Ethics
Care Ethics
Principlism Ethics
Beauchamp & Childress

Autonomy
Beneficence
Nonmaleficence
Justice
Empathic Caring and Principles and Rules

Principles, rules and the duties that arise from them emerge out of previous empathic factors rather than the rules' having a basis and justification independent of empathy and sympathy.

thus

• Morality based only on principles and rules is robotic.
• Morality based on empathy, with principles and rules arising from it, is morality based on human essence with reminders.
Difference Between Virtue Ethics and Care Ethics

• Both are based on the idea that what ethically matters the most is what kind of persons we are: our individual character and what motivates us to act.

• In Virtue Ethics what matters are the virtues, developed rationally and habitually, mirroring the virtuous character of individuals who have achieved, at the end of their lives a state of eudamonia telos. Striving to achieve that is our telos as humans.

• In Care Ethics what matters is the empathic disposition of the person, that is the physician and other health care professionals
Difference Between Virtue Ethics and Care Ethics cont...

• In Care Ethics the person is also at the center, what motivates this person to act morally is not a commitment to rules, commands and oaths or to strive to achieve our telos, but is the intrinsic human mechanism of empathy: it is the ability to share our emotions and feelings, seeing ourselves in the other and the other in ourselves. That is what makes us respect and not harm the other.
Caring

Trust ← EMPATHY → Knowledge

Personal/Professional Satisfaction
What is Clinical Empathy?

• Seeking emotional resonance with our patients to better understand their main concerns and fears.
• Understanding that those fears and emotions are not ours but theirs should prevent over-identification and burn-out and increase the patient’s trust and compliance.

Jodi Halpern MD
2001
What is Clinical Empathy?

The use of the mechanism of empathy, by physicians and other professionals, to better care for and understand their patients.
Empathy and Morality

• Empathy is the foundation of morality
• The physician-patient relationship is in itself a moral encounter
  – The patient is vulnerable
  – There is a power imbalance -- not moral
THE CARE OF THE PATIENT *

FRANCIS W. PEABODY, M.D.
BOSTON

It is probably fortunate that systems of education are constantly under the fire of general criticism, for if education were left solely in the hands of teachers science to the diagnosis and treatment of disease is only one limited aspect of medical practice. The practice of medicine in its broadest sense includes the whole relationship of the physician with his patient. It is an art, based to an increasing extent on the medical sciences, but comprising much that still remains outside the realm of any science. The art of medicine and the science of medicine are not antagonistic but supplementary to each other. There is no more contradiction
Caring in Medicine

One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

Francis W. Peabody, 1927
What is Caring in Medicine?

Helping others to avoid or relieve suffering and pain so that they can carry on with their lives as well as possible and doing this with attentiveness, responsiveness and respect

Daniel Engster, *Hypatia* 20#3 2005
What does it mean to say “I care?”

- You matter to me
- I will heal you
- I will not hurt you
- Your comfort is important to me
- Your interests take precedence to mine
- I will respect you
The Modes of Empathic Development and Arousal

1. **Primitive, immediate and involuntary**
   1. Open the ‘empathy door’, be receptive to the other
   2. Be present, curious and attuned to your patient
   3. Communication skills

2. **Requires ‘language’, memory and imagination**
   1. Literature, movies, art
   2. Talk about your experiences with friends
   3. Better, write about them
   4. Develop a more robust sense of a self that connects with others and learns about them with an open mind
Empathic Distress

• In the presence of suffering or pain and through the mechanism of empathy, we develop similar feelings and emotions as present in the sufferer and become distressed ourselves.

• But, in most circumstances, we are aware that the distress is not ours but theirs

• This is the pro-social motive that leads to altruism: the desire to help the other for their sake. Its foundation is the mechanism of empathy.

• The question then is: Do we help to relieve our distress (Self-focused) or just to help the other person (Other-focused)
Enhancing Clinical Empathy

*Empathy is innate, but it can be enhanced or diminished.*
Enhancing Clinical Empathy

• Acknowledge the patient
• Listen with interest
• Accept and validate the patient
• Show affection
Enhancing Clinical Empathy

- Show affection
- Listen with interest
- Accept & validate the patient
- Acknowledge the patient
Enhancing Clinical Empathy

**Acknowledge the patient**

- Look for facial expressions of emotion (Paul Ekman)
- “Sounds like ...you were frightened –angry-upset”
- “Let me see if I have this right.”
- “I want to make sure I really understand what you’re telling me. I am hearing that . . .”
- “I don’t want us to go further until I’m sure I’ve gotten it right.”
- “When I’m done, if I’ve gone astray, I’d appreciate it if you would correct me. OK
Enhancing Clinical Empathy

Listen with interest

• Body position slightly leaning forward.
• Let patient talk at the beginning without interruption for at least 1 minute
• “Hmmm…” “Uh-huh...”
Enhancing Clinical Empathy

Show Acceptance and Validate

Avoid judgmental statements

“Did I miss anything?”
“Anything else? or What else?”
“That sounds very difficult.”
“Sounds like . . .”
“That’s great! I bet you’re feeling pretty good about that.”
“I can imagine that this might feel . . .”
“Anyone in your situation would feel that way . . .”
“I can see that you are . . .”
Enhancing Clinical Empathy

Show affection

Externalize the understanding, acceptance and respect for the patient
Enhancing Clinical Empathy

Before you leave...

“Is there anything else?”
and

Do not forget to smile and touch!
Claims About Empathy

- Maintains social cohesiveness
- Is the foundation of morality
- Motivates altruism and caring
- Helps to build mutual trust
- Is a main factor in the acquisition of knowledge about others and knowledge in general.
Challenges in Clinical Empathy

• The angry patient
  – Understanding that a patient’s fears and emotions are not ours... but theirs

• The patient we can’t respect or identify with

• Too much empathy → over identification

• Physician burnout, stress and system problems
Empathy with Someone’s Pain   Blaming the Other

Decety et al, Journal of Cognitive Neuroscience
May 2010, Vol. 22, No. 5, Pages 985-997
Questions?
Develop the **Four Habits of the Clinical Encounter**

Richard Frankel PhD and Terry Stein, MD 1999

1. Invest in the Beginning
2. Elicit the patient’s Perspective
3. Demonstrate Empathy
4. Invest in the End
Enhancing Clinical Empathy in the Encounter with the Patient

• Acknowledge the patient
• Listen with interest
• Accept and validate the patient
• Show affection
Caring

Trust

EMPATHY

Knowledge

Personal/Professional Satisfaction
Words That Help Build Empathy

Annals of Internal Medicine 2001,135, 221-227

Queries
• “Would you (or could you) tell me a little more about that?”
• “What has this been like for you?”
• “Are you OK with that?”
• “Hmmmm”

Clarifications
• “Let me see if I have this right.”
  “I want to make sure I really understand what you’re telling me. I am hearing that . . .”
• “I don’t want us to go further until I’m sure I’ve gotten it right.”
• “When I’m done, if I’ve gone astray, I’d appreciate it if you would correct me. OK?”
Words That Help Build Empathy

Responses

• “That sounds very difficult.”
• “Sounds like . . .”
• “That’s great! I bet you’re feeling pretty good about that.”
• “I can imagine that this might feel . . .”
• “Anyone in your situation would feel that way . . .”
• “I can see that you are . . .”
Challenges in Clinical Empathy

• The angry patient
  – Understanding that a patient’s fears and emotions are not ours... but theirs
• The patient we can’t respect or identify with
• Too much empathy → over identification
• Physician burnout, stress, depression
• The idea of detachment
• Systems failure, not enough time!
Enhancing Clinical Empathy

*Empathy is innate, but it can be enhanced or diminished.*
Empathy Research in Neuroscience and “The Shared Neural Network Hypothesis”

“We understand the actions, sensations, and emotions of others by the activation of neural representations corresponding to those states”

The problem of reduction
Arousal of Empathy in the Clinical Setting
Opening the Empathic Door

• Allow yourself to “resonate” with your patient, open the ‘Empathy door’
Enhancing Clinical Empathy

Show affection → Listen with interest → Accept & validate the patient → Acknowledge the patient → Show affection